

Case Number:	CM15-0118893		
Date Assigned:	06/29/2015	Date of Injury:	03/19/2003
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old male who sustained an industrial injury on 3/19/2003 resulting in chronic back pain. Diagnoses are low back pain, post lumbar laminectomy syndrome, and opioid-induced constipation. Documented treatment for his lower back has included lumbar laminectomy, use of brace, and medication, providing report of minimal pain relief. Constipation has been treated with Lactulose. The injured worker continues to report lower back pain and numbing sensations, which radiate down the left leg, muscle spasms, and ongoing problems with constipation. The treating physician's plan of care includes Flexeril and Linzess. His present work status is not addressed in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

Decision rationale: The patient presents with pain and spasms affecting the low back with radiation down the left leg. The current request is for Flexeril 10mg #90. The treating physician report dated 6/19/15 (3A) states, "Cyclobenzaprine (Flexeril) is a muscle relaxant (and) was prescribed to address the patient's complaints of pain with muscle spasms, as corroborated by the clinical findings of tenderness with spasm and tight muscle band." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the sole medical report provided does not indicate how long the patient has been taking this medication, so it is unclear if the use of the medication is outside the 2-3 weeks recommended by MTUS. Furthermore, the current request for a quantity of 90 is excessive and exceeds the dosage that would be taken over a 2-3 week period. The current request is not medically necessary.

Linzess 145mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm317505.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The patient presents with pain and spasms affecting the low back with radiation down the left leg. The current request is for Flexeril 10mg #90. The treating physician report dated 6/19/15 (3A) states, "Linzess was also prescribed for the patient's opioid induced constipation. Linzess was added to his medication regimen to be taken once a day as a prophylactic agent for the effects of his opioid medications." The MTUS guidelines pages 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, the sole medical report provided indicates this patient has been taking opiates on a long-term basis, and suffers from chronic constipation. Linzess is FDA approved for constipation due to irritable bowel and chronic idiopathic constipation. Linzess is not approved for opioid induced constipation. The current request is not medically necessary.